DOH Child and Adolescent Mental Health Division
Instructions and Codebook for Provider Monthly Summaries

The instructions and codebook are to be used in conjunction with the CAMHD Provider Monthly Summaries. The codebooks define the various treatment targets and intervention strategies available on the Monthly Summary checklist. For questions regarding these definitions or the use of the Monthly Summaries, please contact the Clinical Services Office at 733-9349.

Instructions

Please complete and mail or fax the Monthly Progress Summary by the 5th working day of the month to your client's Family Guidance Center Care Coordinator. The summary should pertain to the previous month's services.

At the top section, please write the Client Name, CR Number, Date of Birth, Home School, School Complex, Idea/504 Status, Level of Care, and Month/Year of Services. The Month/Year of Services refers to the month in which the service was provided, not the date the Monthly Provider Summary was completed. For example, if the report is submitted in the first week of June, the Month/Year of Services would read "May," because the services were delivered in May. For youth receiving more than one level of care during the month, please complete a separate form for each.

Under Service Format, please note whether services were delivered in the following manner (more than one format can be selected):

Individual –Working with youth directly
Group –Working with youth along with other youths receiving services
Parent –Working directly with parents or caretakers, with youth not present
Family – Working with parents or caretakers and youth together. Can include other family members
Teacher – Working with a teacher directly
Other – Another format not specified above; please write description

Under Service Setting, please note whether services were delivered in the following locations (more than one setting can be selected):

Home –Working with youth or family members in the youth's home
School –Working with youth or professionals in the youth's educational setting, other than in the context of an IEP/MP meeting
Community – Working with youth or others in the youth's community/neighborhood
Out of Home – Working with the youth or family in a residential facility
Clinic/Office – Working with the youth or family in a clinical office
Other – Another setting not specified above; please write description

For Service Dates, please provide the dates for each service provided during that month. If additional space is required, please continue writing dates in the area below the boxes provided.

If the service was provided out of home (i.e., continuously), please provide start and end dates for that month's services and put the word "to" in between in one of the boxes.

Targets

Targets are the strengths and needs being addressed as part of the mental health services for that youth.

When completing the Targets Addressed This Month, please put numbers (1, 2, 3…) rather than checkmarks (X, ✔) to the left of each target addressed. This is so that progress ratings in the next section can be attached to each target. For example, if "Academic Achievement" was targeted, place a "1" in the box to the left of that target on the form. Numbers do not need to reflect any particular order. If more than 10 targets were addressed during the month, please provide only those you feel are the 10 most important. If a target was addressed for which there is no option, please number the "other" box, and write in the target.

The list of treatment targets is intended to provide a summary of strengths and problem areas that are commonly targeted for change during mental health service provision. These problem areas are NOT diagnostic descriptions and the primary targets for treatment may change over time for a particular youth. For example, when treating a youth with an eating disorder, treatment may target eating/feeding behavior at one point, but target medical regiment adherence or positive family functioning on other occasions. These treatment targets are for progress summary purposes and should NOT replace the detailed specification of goals and objectives as part of the treatment planning process.

Definitions of Targets

1. **Academic Achievement** – Issues related to general level or quality of achievement in an educational or academic context. This commonly includes performance in coursework, and excludes cognitive-intellectual ability/capacity issues (#9) and specific challenges in learning or achievement (#21)
2. **Activity Involvement** – Issues related to general engagement and participation in activities. Only code here those activities that are not better described by the particular activity classes of school involvement (#35), peer involvement (#26), or community involvement (#10).
3. **Aggression** – Verbal and/or physical aggression, or threat thereof, that results in intimidation, physical harm, or property destruction.
4. **Anger –** Emotional experience or expression of agitation or destructiveness directed at a particular object or individual. Common physical feelings include accelerated heartbeat, muscle tension, quicker breathing, and feeling hot.
5. **Anxiety** – A general uneasiness that can be characterized by irrational fears, panic, tension, physical symptoms, excessive anxiety, worry, or fear.
6. **Assertiveness** – The skills or effectiveness of clearly communicating one's wishes. For example, the effectiveness with which a child refuses unreasonable requests from others, expresses his/her rights in a non-aggressive manner, and/or negotiates to get what s/he wants in their relationships with others.

7. **Attention Problems** – Described by short attention span, difficulty sustaining attention on a consistent basis, and susceptible to distraction by extraneous stimuli.
8. **Avoidance** – Behaviors aimed at escaping or preventing exposure to a particular situation or stimulus.
9. **Cognitive-Intellectual Functioning** – Issues related to cognitive-intellectual ability/capacity and use of those abilities for positive adaptation to the environment. This includes efforts to increase IQ, memory capacity, or abstract problem-solving ability.
10. **Community Involvement** – Detailed description of amount of involvement in specific community activities within the child's day.
11. **Contentment/Enjoyment/Happiness –** Refers to issues involving the experience and expression of satisfaction, joy, pleasure, and optimism for the future.
12. **Depressed Mood** – Behaviors that can be described as persistent sadness, anxiety, or "empty" mood, feelings of hopelessness, guilt, worthlessness, helplessness, decreased energy, fatigue, etc.
13. **Eating/Feeding Problems**– Knowledge or behaviors involved with the ingestion or consumption of food. May include nutritional awareness, food choice, feeding mechanics (e.g., swallowing, gagging, etc.), and social factors relating with eating situations.
14. **Empathy** – Identifications with and understanding of another person's situation, feelings, and motives.
15. **Enuresis/Encopresis** – Enuresis refers to the repeated pattern of voluntarily or involuntarily passing urine into inappropriate places during the day or at night in bed or clothes. Encopresis refers to a repeated pattern of voluntarily or involuntarily passing feces into inappropriate places.
16. **Fire Setting** – Intentionally igniting fires.
17. **Gender Identity Problems –** Issues related with a youth's self-concept or self-understanding involving sex roles and social behaviors in relation to their biological sex. This does not address self-concept issues involving sexual orientation, which would be coded as "other."
18. **Grief** – Feelings associated with a loss of contact with a significant person in the youth's environment (e.g., parent, guardian, friend, etc.).
19. **Health management** – issues related to the improvement or management of one's health, inclusive of both physical illness and fitness. In addition to dealing with the general development of health oriented behavior and management of health conditions, this target can also focus on exercise or lack of exercise..
20. **Hyperactivity** – Can be described by fidgeting, squirming in seat, inability to remain seated, talking excessively, difficulty engaging in leisure activities quietly, etc.
21. **Learning Disorder, Underachievement** – Refers to specific challenges with learning or educational performance that are not better accounted for by cognitive-intellectual functioning (#9) or general academic achievement (#1).
22. **Low Self-Esteem** – An inability to identify or accept his/her positive traits or talents, and accept compliments. Verbalization of self-disparaging remarks and viewing him or herself in a negative manner.
23. **Mania** – An inflated self-perception that can be manifested by loud, overly friendly social style that oversteps social boundaries and high energy and restlessness with a reduced need for sleep.
24. **Medical Regimen Adherence –** Knowledge, attitudes, and behaviors related to regular implementation procedures prescribed by a health care professional. Commonly include

lifestyle behaviors (e.g., exercise, nutrition), taking medication, or self-administration of routine assessments (e.g., taking blood samples in a diabetic regimen).

25. **Oppositional/Non-Compliant Behavior** – Behaviors that can be described as refusal to follow adult requests or demands or established rules and procedures (e.g., classroom rules, school rules, etc.).
26. **Peer Involvement** – A greater involvement in activities with peers. Activities could range from academic tasks to recreational activities while involvement could range from working next to a peer to initiating an activity with a peer.
27. **Peer/Sibling Conflict** – Peer and/or sibling relationships that are characterized by fighting, bullying, defiance, revenge, taunting, incessant teasing and other inappropriate behaviors.
28. **Phobia/Fears** – Irrational dread, fear, and avoidance of an object, situation, or activity.
29. **Personal Hygiene** – Challenges related to self-care and grooming.
30. **Positive Family Functioning** – Issues related with healthy communication, problem-solving, shared pleasurable activities, physical and emotional support, etc. in the context of a interactions among multiple persons in a family relation, broadly defined.
31. **Positive Peer Interaction** – Social interaction and communication with peers that are pro-social and appropriate. This differs from peer involvement (#26) in that it focuses on interactional behavior, styles, and intentions, whereas peer involvement targets actual engagement in activities with peers regardless of interactional processes.
32. **Positive Thinking/Attitude –** This target involves clear, healthy, or optimistic thinking, and involves the absence of distortions or cognitive bias that might lead to maladaptive behavior.
33. **Psychosis** – Issues related to bizarre thought content (delusions of grandeur, persecution, reference, influence, control, somatic sensations), and/or auditory or visual hallucinations.
34. **Runaway** – Running away from home or current residential placement for a day or more.
35. **School Involvement** – Detailed description of amount of involvement in specific school activities within the child's scheduled school day.
36. **School Refusal/Truancy** – Reluctance or refusal to attend school without adult permission for the absence. May be associated with school phobia or fear manifested by frequent somatic complaints associated with attending school or in anticipation of school attendance, or willful avoidance of school in the interest of pursuing other activities.
37. **Self-Injurious Behavior** – Acts of harm, violence, or aggression directed at oneself.
38. **Self-Management/Self-Control** – Issues related to management, regulation, and monitoring of one's own behavior.
39. **Sexual Misconduct** – Issues related with sexual conduct that is defined as inappropriate by the youth's social environment or that includes intrusion upon or violation of the rights of others.
40. **Shyness** – Social isolation and/or excessive involvement in isolated activities. Extremely limited or no close friendships outside the immediate family members. Excessive shrinking or avoidance of contact with unfamiliar people.
41. **Sleep Disturbance** – Difficulty getting to or maintaining sleep.
42. **Social Skills** – Skills for managing interpersonal interactions successfully. Can include body language, verbal tone, assertiveness, and listening skills, among other areas.
43. **Speech and Language Problems** – Expressive and/or receptive language abilities substantially below expected levels as measured by standardized tests.
44. **Substance Abuse/Substance Use** – Issues related to the use or misuse of a common, prescribed, or illicit substances for altering mental or emotional experience or functioning.

45. **Suicidality** – Issues related to recurrent thoughts, gestures, or attempts to end one's life.
46. **Traumatic Stress** – Issues related to the experience or witnessing of life events involving actual or threatened death or serious injury to which the youth responded with intense fear, helplessness, or horror.
47. **Treatment Engagement –** The degree to which a family or youth is interested and optimistic about an intervention or plan, such that they act willfully to participate and work toward the success of the plan.
48. **Willful Misconduct/Delinquency** – Persistent failure to comply with rules or expectations in the home, school, or community. Excessive fighting, intimidation of others, cruelty or violence toward people or animals, and/or destruction of property.

Progress Ratings

Please provide a single progress rating for each target selected above (up to 10). Numbers 1 through 10 in the left column refer to the targets selected in the Targets Addressed This Month section above. For example, had you selected "Academic Achievement" above, there would be a "1" in the box to the left of that target on that section. Then, the first row of the Progress Ratings, labeled "1," is where you would note the progress ratings associated with academic achievement.

Please place a mark (X, ✔) in the column corresponding to your subjective rating of progress associated with this target. When possible, your overall subjective ratings should be informed by a review of objective measures such as any available and relevant questionnaires or behavioral observation data. For example, if a T-score for a given measure comes from 65 to 60, that might indicate 33% progress toward the objective (i.e., T = 50). Or if a youth gets into 10 fights per week initially, and then after treatment is fighting only 5 times per week, that would reflect 50% progress.

Anchors refer to changes from baseline or beginning of services for that target. Thus, a youth who had reached 90% of an initial goal would receive a rating of "significant improvement." If that progress were to decline to 70% in the following month, the youth would then get a rating of "moderate improvement" for that target for that month (not "deterioration"). "Deterioration" refers to when a target gets worse from the time it was initially addressed. If there is a break in addressing a specific target (e.g., a target is addressed, then not addressed for a month, then addressed again in a later month), use the initial baseline from the first time as the point of comparison. Only when there is a break in the complete episode of care (i.e., discharge followed by later admission), should that reset the baseline for a given target.

If a goal is reached (improvement is complete), the provider may choose to note the date in the rightmost column. This implies that the target is no longer being addressed. Targets that are not complete should be rated again on the following month's summary form.

Intervention Strategies

Please place a mark (X, ✔) to the left of any intervention strategies used during the past month. There is no limit to how many may be checked. If strategies were employed that are not in the following list of definitions, please mark the "other" box and write in the strategy used.

Definitions of Intervention Strategies

1. **Activity Scheduling -** The assignment or request that a child participate in specific activities outside of therapy time, with the goal of promoting or maintaining involvement in satisfying and enriching experiences.
2. **Assertiveness Training**-Exercises or techniques designed to promote the child's ability to be assertive with others, usually involving rehearsal of assertive interactions.
3. **Biofeedback/ Neurofeedback**-Strategies to provide information about physiological activity that is typically below the threshold of perception, often involving the use of specialized equipment.
4. **Catharsis**-Strategies designed to bring about the release of intense emotions, with the intent to develop mastery of affect and conflict.
5. **Cognitive/Coping**-Any techniques designed to alter interpretation of events through examination of the child's reported thoughts, typically through the generation and rehearsal of alternative counter-statements. This can sometimes be accompanied by exercises designed to comparatively test the validity of the original thoughts and the alternative thoughts through the gathering or review of relevant information.
6. **Commands/Limit Setting**-Training for caretakers in how to give directions and commands in such a manner as to increase the likelihood of child compliance.
7. **Communication Skills**-Training for youth or caretakers in how to communicate more effectively with others to increase consistency and minimize stress. Can include a variety of specific communication strategies (e.g., active listening, "I" statements).
8. **Crisis Management**-Immediate problem solving approaches to handle urgent or dangerous events. This might involve defusing an escalating pattern of behavior and emotions either in person or by telephone, and is typically accompanied by debriefing and follow-up planning.
9. **Directed Play**-Exercises involving the youth and caretaker playing together in a specific manner to facilitate their improved verbal communication and nonverbal interaction. Can involve the caretaker's imitation and participation in the youth's activity, as well as parent-directed play.
10. **Educational Support**-Exercises designed to assist the child with specific academic problems, such as homework or study skills. This includes tutoring.
11. **Emotional Processing**-A program based on an information processing model of emotion that requires activation of emotional memories in conjunction with new and incompatible information about those memories.
12. **Exposure**-Techniques or exercises that involve direct or imagined experience with a target stimulus, whether performed gradually or suddenly, and with or without the therapist's elaboration or intensification of the meaning of the stimulus.
13. **Eye Movement/ Tapping**-A method in which the youth is guided through a procedure to access and resolve troubling experiences and emotions, while being exposed to a therapeutic visual or tactile stimulus designed to facilitate bilateral brain activity.
14. **Family Engagement**-The use of skills and strategies to facilitate family or child's positive interest in participation in an intervention.

15. **Family Therapy**-A set of approaches designed to shift patterns of relationships and interactions within a family, typically involving interaction and exercises with the youth, the caretakers, and sometimes siblings.
16. **Free Association**-Technique for probing the unconscious in which a person recites a running commentary of thoughts and feelings as they occur.
17. **Functional Analysis**-Arrangement of antecedents and consequences based on a functional understanding of a youth's behavior. This goes beyond straightforward application of other behavioral techniques.
18. **Guided Imagery**-Visualization or guided imaginal techniques for the purpose of mental rehearsal of successful performance. Guided imagery for the purpose of physical relaxation (e.g., picturing calm scenery) is not coded here, but rather coded under relaxation (#42).
19. **Hypnosis**-The induction of a trance-like mental state achieved through suggestion.
20. **Ignoring or Differential Reinforcement of Other Behavior**-The training of parents or others involved in the social ecology of the child to selectively ignore mild target behaviors and selectively attend to alternative behaviors.
21. **Insight Building**-Activity designed to help a youth achieve greater self-understanding.
22. **Interpretation**-Reflective discussion or listening exercises with the child designed to yield therapeutic interpretations. This does not involve targeting specific thoughts and their alternatives, which would be coded as cognitive/coping.
23. **Line of Sight Supervision**-Direct observation of a youth for the purpose of assuring safe and appropriate behavior.
24. **Maintenance/Relapse Prevention**-Exercises and training designed to consolidate skills already developed and to anticipate future challenges, with the overall goal to minimize the chance that gains will be lost in the future
25. **Marital Therapy**-Techniques used to improve the quality of the relationship between caregivers.
26. **Medication/ Pharmacotherapy**-Any use of psychotropic medication to manage emotional, behavioral, or psychiatric symptoms.
27. **Mentoring**-Pairing with a more senior and experienced individual who serves as a positive role model for the identified youth.
28. **Milieu Therapy**-A therapeutic approach in residential settings that involves making the environment itself part of the therapeutic program. Often involves a system of privileges and restrictions such as a token or point system.
29. **Mindfulness**-Exercises designed to facilitate present-focused, non-evaluative observation of experiences as they occur, with a strong emphasis of being "in the moment." This can involve the youth's conscious observation of feelings, thoughts, or situations.
30. **Modeling-**Demonstration of a desired behavior by a therapist, confederates, peers, or other actors to promote the imitation and subsequent performance of that behavior by the identified youth.
31. **Motivational Interviewing**-Exercises designed to increase readiness to participate in additional therapeutic activity or programs. These can involve cost-benefit analysis, persuasion, or a variety of other approaches.
32. **Natural and Logical Consequences**-Training for parents or teachers in (a) allowing youth to experience the negative consequences of poor decisions or unwanted behaviors,

or (b) delivering consequences in a manner that is appropriate for the behavior performed by the youth.

33. **Parent Coping**-Exercises or strategies designed to enhance caretakers' ability to deal with stressful situations, inclusive of formal interventions targeting one or more caretaker.
34. **Parent-Monitoring**-The repeated measurement of some target index by the caretaker.
35. **Parent Praise**-The training of parents or others involved in the social ecology of the child in the administration of social rewards to promote desired behaviors. This can involve praise, encouragement, affection, or physical proximity.
36. **Peer Modeling/Pairing**-Pairing with another youth of same or similar age to allow for reciprocal learning or skills practice.
37. **Play Therapy**-The use of play as a primary strategy in therapeutic activities. This may include the use of play as a strategy for clinical interpretation. Different from Directed Play (#9), which involves a specific focus on modifying parent-child communication. This is also different from play designed specifically to build relationship quality (#41).
38. **Problem Solving**-Techniques, discussions, or activities designed to bring about solutions to targeted problems, usually with the intention of imparting a skill for how to approach and solve future problems in a similar manner.
39. **Psychoeducational-Child**-The formal review of information with the child about the development of a problem and its relation to a proposed intervention.
40. **Psychoeducational-Parent**-The formal review of information with the caretaker(s) about the development of the child's problem and its relation to a proposed intervention. This often involves an emphasis on the caretaker's role in either or both.
41. **Relationship/Rapport Building-**Strategies in which the immediate aim is to increase the quality of the relationship between the youth and the therapist. Can include play, talking, games, or other activities.
42. **Relaxation**-Techniques or exercises designed to induce physiological calming, including muscle relaxation, breathing exercises, meditation, and similar activities. Guided imagery exclusively for the purpose of physical relaxation is also coded here.
43. **Response Cost**-Training parents or teachers how to use a point or token system in which negative behaviors result in the loss of points or tokens for the youth.
44. **Response Prevention**-Explicit prevention of a maladaptive behavior that typically occurs habitually or in response to emotional or physical discomfort.
45. **Self-Monitoring**-The repeated measurement of some target index by the child.
46. **Self-Reward/Self-Praise**-Techniques designed to encourage the youth to self-administer positive consequences contingent on performance of target behaviors.
47. **Skill Building**-The practice or assignment to practice or participate in activities with the intention of building and promoting talents and competencies.
48. **Social Skills Training**-Providing information and feedback to improve interpersonal verbal and non-verbal functioning, which may include direct rehearsal of the skills. If this is paired with peer pairing (#36), that should be coded as well.
49. **Stimulus/Antecedent Control**-Strategies to identify specific triggers for problem behaviors and to alter or eliminate those triggers in order to reduce or eliminate the behavior.

50. **Supportive Listening**-Reflective discussion with the child designed to demonstrate warmth, empathy, and positive regard, without suggesting solutions or alternative interpretations.
51. **Tangible Rewards**-The training of parents or others involved in the social ecology of the child in the administration of tangible rewards to promote desired behaviors. This can involve tokens, charts, or record keeping, in addition to first-order reinforcers.
52. **Therapist Praise/Rewards**-The administration of tangible (i.e. rewards) or social (e.g., praise) reinforcers by the therapist.
53. **Thought Field Therapy**-Techniques involving the tapping of various parts of the body in particular sequences or "algorithms" in order to correct unbalanced energies, known as thought fields.
54. **Time Out**-The training of or the direct use of a technique involving removing the youth from all reinforcement for a specified period of time following the performance of an identified, unwanted behavior.
55. **Twelve-step Programming**-Any programs that involve the twelve-step model for gaining control over problem behavior, most typically in the context of alcohol and substance use, but can be used to target other behaviors as well.

For Projected End Date, please indicate the expected date for termination of the services for which this form was completed.

For Medication/Dosage, please indicate whether there was a change in medication by marking the appropriate box, and provide details on the line to the right.

Please provide any other Comments or Suggestions for the youth's care coordinator you think would be important.

If scores are available on any of the Outcome Measures recommended in the Interagency Practice Guidelines, please provide them along with dates in the optional section provided. Include whether or not youth was arrested during the past month, and an estimate of the percentage of school days that were attended. If school is attended in a residential setting, this counts towards to percentage of days attended.

For the CAFAS, the numbered spaces refer to the following scales: 1-School, 2-Home, 3-Community, 4-Behavior Towards Others, 5-Moods/Emotions, 6-Self-Harm, 7-Substance, 8-Thinking. "Total" refers to the sum of these 8 scales.

Please write the name of the agency including location (e.g., Maui, Big Island) and name of the clinicians (along with CAMHMIS ID#) and provider, along with appropriate signatures. Note the method and date by which the summary was sent to FGC and provide name of Care Coordinator.